

Monterey County EMS System Policy



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EMS ADVISORY COMMITTEES

I. PURPOSE

To define the roles, structure, membership and procedural standards for EMS committees that advise the Board of Supervisors, EMS Director and EMS Medical Director.

II. POLICY

- A. Advisory committees, composed of EMS system constituents, shall convene to review EMS system issues relevant to their scope of responsibility and recommend actions to the EMS Director and EMS Medical Director concerning matters of policy, procedure, and protocol.
- B. The EMS Agency Medical Director, as mandated by California Health and Safety Code, Section 1797.220, provides medical control and assures medical accountability throughout the planning, implementation and evaluation of the EMS System. The EMS Agency Medical Director retains the final decision through his/her medical authority for the EMS system.
- C. The EMS Director, as mandated by the Monterey County Code of Ordinances, Section 15.40.030, shall be responsible for overseeing the EMS Agency, as it serves as the lead agency for the EMS system in the County and shall be responsible for coordinating all system participants in the EMS area. The EMS Agency shall plan, coordinate, monitor and evaluate the implementation of the EMS system.

III. PUBLIC MEETINGS

- A. The Emergency Medical Care Committee (EMCC), the Medical Advisory Committee (MAC), and the EMS Operations Committee are open to the public, pursuant to California Government Code, Sections 54950 et seq. ("Brown Act").
- B. The agendas, minutes, and other documents pertaining to the Emergency Medical Care Committee, Medical Advisory Committee, and EMS Operations Committee, except quality improvement documents, are public records and subject to public review, pursuant to the California Public Records Act, California Government Code, Section 6240 et. seq.
- C. The EMS Agency shall distribute and post on its website an annual meeting schedule.
- D. The Trauma Quality Improvement Committee, the Stroke Quality Improvement Committee, the STEMI Quality Improvement, and the Prehospital Quality Improvement Committee are clinical quality improvement committees, and are open only to committee members, appointed by the EMS Director, who must sign a non-disclosure agreement and

guests, approved by the EMS Director, who must sign a non-disclosure agreement. They are not open to the public. Persons who violate the provisions of the non-disclosure agreement may be removed from the respective Quality Improvement committee by the EMS Director.

IV. PARLIAMENTARY AUTHORITY / QUORUM

- A. Meetings shall be conducted consistent with the Brown Act, this policy, and “Robert’s Rules of Order.” This policy shall take precedence if any procedures are in conflict with “Robert’s Rules of Order.”
- B. Proceedings of the quality improvement subcommittees, which are not subject to the Brown Act, are conducted according to “Robert’s Rules of Order” when they do not conflict with this policy. This policy shall take precedence if any procedures are in conflict with “Robert’s Rules of Order.”
- C. A quorum is required to call the meeting to order and to transact committee business. A committee must maintain a quorum to continue a meeting.

V. COMMITTEE MEMBERSHIP

- A. Members of all committees, except the EMCC, who do not attend at least 75% of assigned committee meetings within a year may be replaced in their position by the EMS Director.

VI. COMMITTEE OFFICERS AND DUTIES

- A. Each committee shall elect a Chair and Vice-Chair. The Chair and Vice Chair shall be members of the committee. The EMS Director shall designate an EMS Agency staff member as secretary of each Committee; the secretary is not authorized to vote at committee meetings. The Chair and Vice Chair shall be elected by the committee by July 1st of year, and shall serve for a period of one year and until a successor has been duly elected. A Committee member shall not simultaneously hold more than one office.
- B. The EMS Agency will provide professional and clerical support to the advisory committees created by this policy.

VII. STANDING ADVISORY COMMITTEE AND SUBCOMMITTEES

- A. Emergency Medical Care Committee (EMCC)
 - 1. *The membership, purpose, structure, and rules of the EMCC have been formally established by the Monterey County Board of Supervisors through the Bylaws of the EMCC, Board Resolution Number 10-069, on April 6, 2010. The following information summarizes that resolution:*
 - 2. Purpose: The EMCC shall advise the Board of Supervisors and the EMS Director on EMS System issues, including CSA 74 funding, the EMS Agency budget, and training; ensure that all EMS constituents will be actively engaged in the decisions regarding the EMS system resources, and provide input on the

development and implementation of County EMS policies, protocols, and procedures.

3. Members and alternates appointed by: Nominated by representative organization and appointed by Board of Supervisors
4. Term of Office: Two years, commencing on the first of July, unless the member is replaced. A member may continue to serve beyond the two-year term, if necessary, until the Board is able to appoint a replacement. Members of the Committee shall be so classified by the Board of Supervisors that half of the members have terms expiring on July 1 of each year.
5. Vacancies and Removal of Members: A vacancy occurs on the EMCC when a member's term expires, a member resigns or dies, a member ceases to hold the office or employment which qualified the member for nomination or appointment to the Committee, or when a position is declared vacant by the Board of Supervisors upon the recommendation of the Committee due the incumbent member's incapacity or failure to attend meetings. A vacancy shall be filled by appointment in the same manner as the appointment of the original Committee member. Any appointment to fill a vacancy shall be for the remainder of the unexpired term. If a Committee member is absent from three consecutive meetings or from any three of five consecutive meetings, the Committee may recommend to the Board of Supervisors that the Board of Supervisors declare a vacancy and appoint a replacement member. The Secretary will monitor attendance, and whenever such absence have occurred, will put the matter on the next Committee agenda for discussion and recommendation to the Board.
6. Conflicts of Interest: No Committee member shall participate in any matter that comes before the Committee, or in any matter in which he or she is required to act in his or her capacity as a Committee member, when the Committee member has or may have a direct or indirect economic interest that may be affected as a result of such action, unless such participation is otherwise required or permitted by law. No committee shall undertake any activity that is inconsistent, incompatible, in conflict with, or inimical to his or her duties as a Committee member.
7. Appointment Requirements: Before a member can officially serve their appointment, the member must complete the following:
 - a. Administer the Oath of Office with the staff of the Clerk of the Board's Office or before a notary public and sign and file the Oath of Office with the Clerk of the Board's Office;
 - b. Complete and file a current Statement of Economics Interests (Form 700) with the Clark of the Board's Office; and,
 - c. Complete a course in ethics approved by the Fair Political Practices Commission of the Attorney General with the last two years and provide a course completion certificate to the Clerk of the Board's Office.
8. Membership Requirements: Members are required to annually complete and file a current Statement of Economic Interests (Form 700) with the Clerk of the Board's Office by the first day in April; and provide the Clerk of the Board's Office an

ethics course completion certificate approved by the Fair Political Practices Commission of the Attorney General every two years.

9. Meeting Frequency: The EMCC shall meet at least annually. The Committee generally meets every other month or by request of the EMCC Chair or the EMS Director.
10. Location: As set by agenda
11. Quorum: Simple majority of the voting membership, not including ex-officio members.
12. Membership:
 - a. A representative from a fire-protection agency that provides prehospital EMS at the Basic Life Support level, nominated by the Monterey County Fire Chiefs' Association
 - b. A representative from a fire-protection agency that provides prehospital EMS at the Advanced Life Support level, nominated by the Monterey County Fire Chiefs' Association
 - c. A representative from a law enforcement agency that provides prehospital EMS, nominated by the Monterey County Police Chief's Association
 - d. A representative of hospital administration nominated by the local Hospital Council.
 - e. A representative of City Managers nominated by the Monterey County City Managers' Association.
 - f. A representative nominated by the Monterey County Resource Management Agency that works in Parks Operations.
 - g. Three citizen representatives nominated by the EMS Director with attention to appropriate geographic representation.
 - h. An emergency physician nominated by the Medical Advisory Subcommittee
 - i. A Monterey County accredited EMT-Paramedic nominated by the EMS Director
 - j. A representative from management of the Monterey County EOA ambulance contractor.
 - k. Monterey County Office of Emergency Services Manager (ex-officio)
 - l. EMS Director (ex-officio)
13. Alternates: Each position on the EMCC shall have an alternate who represents the same constituency and is appointed by the Board of Supervisors. The alternate may only vote when representing the position in the absence of the member.
14. Officers: The officers of the EMCC are the Chair, Vice-Chair, and Secretary.

- a. Qualifications, Selection and Term of Officers: The Chair and Vice Chair shall be members of the Committee. The EMS Director shall designate an EMS Agency staff member as Secretary of the Committee; the Secretary is not authorized to vote at Committee meetings. The Chair and Vice Chair shall be elected by the Committee by July 1st of year, and shall serve for a period of one year and until a successor has been duly elected. A Committee member shall not simultaneously hold more than one office.

15. Duties of Officers

- a. Chair: The Chair of the EMCC shall preside at all meetings of the committee, be an ex-officio member of all subcommittees, execute correspondence, conveyances, and other written instruments as authorized by the committee, and appoint subcommittees or representatives to various committees related to EMS services, as required.
- b. Vice-Chair: The Vice-Chair shall, in the absence of the Chair, assume the duties of the Chair and perform such responsible duties as may be required by the Chair of the EMCC.
- c. Secretary: The Secretary shall be responsible for maintaining Committee meeting minutes and other records that may be required by the Committee's activities and shall perform such reasonable duties as may be required by the Committee or the Chair of the EMCC.

16. Vacancies and Removal of Officers: A vacancy in any office shall be filled by nomination and election by the Committee as soon as it is reasonably possible. Officers may be removed by a majority vote of the Committee for failure to perform the duties of the office or for malfeasance in office.

B. Medical Advisory Subcommittee (MAC)

1. Purpose: The Medical Advisory Subcommittee provides input to the EMS Director, EMS Medical Director and the Emergency Medical Care Committee on medical control and other medical issues.
2. Appointment Process: Appointed by the EMS Director, in consultation with the EMCC.
3. Term of Office: Two years, commencing on the first of July, unless the member is replaced. The terms of the first seven members listed below shall expire on odd-numbered years, the terms of the balance of the members listed below shall expire on even-numbered years. With the members' assent, the EMS Director may automatically reappoint members to a subsequent term.
4. Alternates: Members wishing to have an alternate may do so by submitting a written request to the Chair, giving the name of the proposed alternate member. The proposed alternate must belong to and represent the same group, agency, or entity represented by the member. The EMS Director may appoint the proposed alternate member as appropriate.
5. Officers: The Chair of the MAC is the EMS Medical Director.

6. Meeting Frequency: The Committee generally meets every other month or by request of the Chair or the EMS Medical Director.
7. Committee reports to: Emergency Medical Care Committee
8. Location: As set by agenda
9. Quorum: Simple majority of the voting membership.
10. Membership:
 - a. One emergency-department physician from Community Hospital of the Monterey Peninsula;
 - b. One emergency-department physician from Mee Memorial Hospital;
 - c. One emergency-department physician from Natividad Medical Center;
 - d. One emergency-department physician from Salinas Valley Memorial Hospital;
 - e. The Registered Nurse who is designated as the Base Hospital Coordinator from Community Hospital of the Monterey Peninsula;
 - f. The Registered Nurse who is designated as the Receiving Hospital Coordinator from Mee Memorial Hospital;
 - g. The Registered Nurse who is designated as the Base Hospital Coordinator from Natividad Medical Center;
 - h. The Registered Nurse who is designated as the Base Hospital Coordinator from Salinas Valley Memorial Hospital;
 - i. One paramedic representing field staff of the contracted ambulance provider;
 - j. One paramedic representing field staff of paramedic service providers other than the contracted ambulance provider;
 - k. One Monterey County-certified Emergency Medical Technician, representing the first-responder agencies;
 - l. One representative from the County's primary ambulance contractor;
 - m. One representative from the authorized air ambulance providers; and,
 - n. One representative from a law-enforcement agency that provides prehospital emergency medical services, nominated by the Monterey County Chief Law Enforcement Officers' Association.

C. Operations Subcommittee (OPS)

1. Purpose: The Operations Subcommittee provides input to the EMS Director, EMS Medical Director, and the Emergency Medical Care Committee on operational issues involving pre-hospital and emergency medical services.
2. Appointment Process: Appointed by the EMS Director, in consultation with the EMCC.

3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced. The terms of the first six members listed below shall expire on odd-numbered years, the terms of the balance of the members listed below shall expire on even-numbered years. With the members' ascent, the EMS Director may automatically reappoint members to a subsequent term.
4. Alternates: Members wishing to have an alternate may do so by submitting a written request to the Chair, giving the name of the proposed alternate member. The proposed alternate must belong to and represent the same group, agency, or entity represented by the member. The EMS Director may appoint the proposed alternate member as appropriate.
5. Officers: The committee chair and vice-chair is elected by the committee membership annually. The term of the chair and vice chair is for one year.
6. Meeting Frequency: The Committee generally meets every other month or by request of the Chair or the EMS Director.
7. Committee reports to: Emergency Medical Care Committee
8. Location: As set by agenda
9. Quorum: Simple majority of the voting membership.
10. Membership:
 - a. One fire chief representative from an incorporated city within Monterey County;
 - b. One fire chief representative from a fire protection district within Monterey County;
 - c. One representative from a law enforcement agency within Monterey County;
 - d. One Monterey County Base Hospital Coordinator;
 - e. One representative from the County's primary ambulance contractor;
 - f. One representative from a fire-based ambulance provider;
 - g. One representative from the Monterey County Emergency Communications Department; and the
 - h. One representative from an EMS aircraft provider.
 - i. One field (EMT or paramedic) representative from the contracted 911 ambulance provider.
 - j. One field (EMT or paramedic) representative from a fire-based ambulance provider.
 - k. EMS Medical Director (ex-officio, non-voting member).

VIII. OTHER STANDING SUBCOMMITTEES

- A. Standing subcommittees are appointed by the EMS Director to advise the EMS Director, EMS Medical Director, and/or the Emergency Medical Care Committee on medical control or operational issues involving prehospital emergency medical services.
- B. The EMS Director has appointed the following standing subcommittees: (1) Stroke Quality Improvement Committee; (2) STEMI Quality Improvement Committee; (3) Trauma Quality Improvement Committee; and, (4) Continuous Quality Improvement Technical Advisory Group (CQITAG).
- C. Trauma System Quality Improvement Subcommittee (TEQIC):
 1. Purpose: The Trauma System Quality Improvement Subcommittee (TEQIC) reviews trauma system care and advises the Monterey County EMS Agency on trauma system policy, organization, training, and equipment. Its goals are the evaluation and administration of the trauma system including system vulnerabilities, the development of policy and/or approaches to related issues such as major trauma and burn-related prehospital care, injury surveillance, trauma transfers, repatriation, and long-term outcomes.
 2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
 3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
 4. Meeting Frequency: The Committee generally meets no less than quarterly or by request of the Chair, the EMS Medical Director or EMS Director.
 5. Committee reports to: the Continuous Quality Improvement Technical Advisory Group (CQI TAG)
 6. Location: As set by agenda
 7. Quorum: No quorum requirement.
 8. Membership:
 - a. AMR Communications
 - b. AMR field operations/quality improvement
 - c. Fire department ALS/transport agency
 - d. BLS First Responder agency
 - e. Coroner's Office
 - f. Law Enforcement
 - g. CALSTAR
 - h. Transfer Center
 - i. Surgeon or ED physician representing SVMH
 - j. Surgeon or ED physician representing CHOMP
 - k. Nurse representative from Mee Memorial

- l. Members of the NMC trauma service
- m. NMC ED physician
- n. NMC Base hospital coordinator

D. Stroke Quality Improvement Committee

1. Purpose: The Stroke Quality Improvement Subcommittee reviews stroke system care and advises the Monterey County EMS Agency on stroke system policy, organization, training, and equipment to the Medical Advisory Committee.
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee meets quarterly or by request of the Chair, EMS Medical Director or EMS Director.
5. Committee reports to: the Continuous Quality Improvement Technical Advisory Group (CQI TAG)
6. Location: As set by agenda
7. Quorum: No quorum requirement.
8. Membership:
 - a. Stroke Coordinator/ Designee from Salinas Valley Memorial Hospital
 - b. Stroke Coordinator/ Designee from Community Hospital of the Monterey Peninsula
 - c. Representative from Hazel Hawkins Memorial Hospital
 - d. Representative from Natividad Medical Center
 - e. Representative from Mee Memorial Hospital
 - f. Representative from the Monterey County EOA ALS provider
 - g. Representative from ALS transport Fire Departments
 - h. Representative from BLS non-transport Fire Departments
 - i. Representative from ALS non-transport Fire Departments
 - j. Representative from Air Ambulances operating in Monterey County

E. STEMI (ST Elevation Myocardial Infarction) Quality Improvement Committee

1. Purpose: The STEMI Quality Improvement Subcommittee reviews STEMI system care and advises the Monterey County EMS Agency on STEMI system policy, organization, training, and equipment to the Medical Advisory Committee.
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.

3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee generally meets quarterly or by request of the Chair, EMS Medical Director or EMS Director.
5. Committee reports to: the Continuous Quality Improvement Technical Advisory Group (CQI TAG)
6. Location: As set by agenda
7. Quorum: No quorum requirement.
8. Membership:
 - a. STEMI/ Chest Pain Coordinator from Salinas Valley Memorial Hospital
Interventional Cardiologist from Salinas Valley Memorial Hospital
 - b. STEMI/Chest Pain Coordinator from Community Hospital of the Monterey Peninsula
 - c. Interventional Cardiologist from Community Hospital of the Monterey Peninsula
 - d. Representative from Natividad Medical Center
 - e. Representative from Mee Memorial Hospital
 - f. Representative from the Monterey County EOA ALS provider
 - g. Representative from ALS transport Fire Departments
 - h. Representative from BLS non-transport Fire Departments
 - i. Representative from ALS non-transport Fire Departments
 - j. Representative from Air Ambulances operating in Monterey County
9. Continuous Quality Improvement Technical Advisory Group (CQI TAG)Purpose: The CQI TAG conducts reviews of cases and assesses the operations and quality of clinical care provided in the prehospital setting, emphasizing the period between the reception of the call at the primary PSAP, through the first responder and ambulance provider to the emergency department, to Medical Advisory Subcommittee and/or the Operations Subcommittee. Additionally, the CQI TAG receives reports from TEQIC, Stroke, and STEMI QI Committees and reports these to the Medical Advisory Committee.
10. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
11. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
12. Meeting Frequency: The Committee meets no less than quarterly or by request of the Chair, EMS Medical Director or EMS Director.
13. Committee reports to: Medical Advisory Committee

14. Location: As set by agenda
15. Quorum: No quorum requirement.
16. Membership:
 - a. Representative from the Monterey County EOA ALS provider
 - b. Representative from the Monterey County EOA ALS provider's dispatch center
 - c. Representative from the Monterey County Communications Center
 - d. Base Hospital Coordinator from Natividad Medical Center
 - e. Base Hospital Coordinator from Salinas Valley Memorial Hospital
 - f. Base Hospital Coordinator from Community Hospital of the Monterey Peninsula
 - g. ED Nurse Manager from Mee Memorial Hospital
 - h. One (1) representative from each of the ALS transport Fire Departments operating in Monterey County
 - i. One (1) representative from each of the ALS non-transport Fire Departments operating in Monterey County
 - j. One (1) representative from each of the BLS non-transport Fire Departments operating in Monterey County
 - k. One (1) representative from each of the air ambulances operating in Monterey County
 - l. One representative from the California Highway Patrol Air Operations in Monterey County

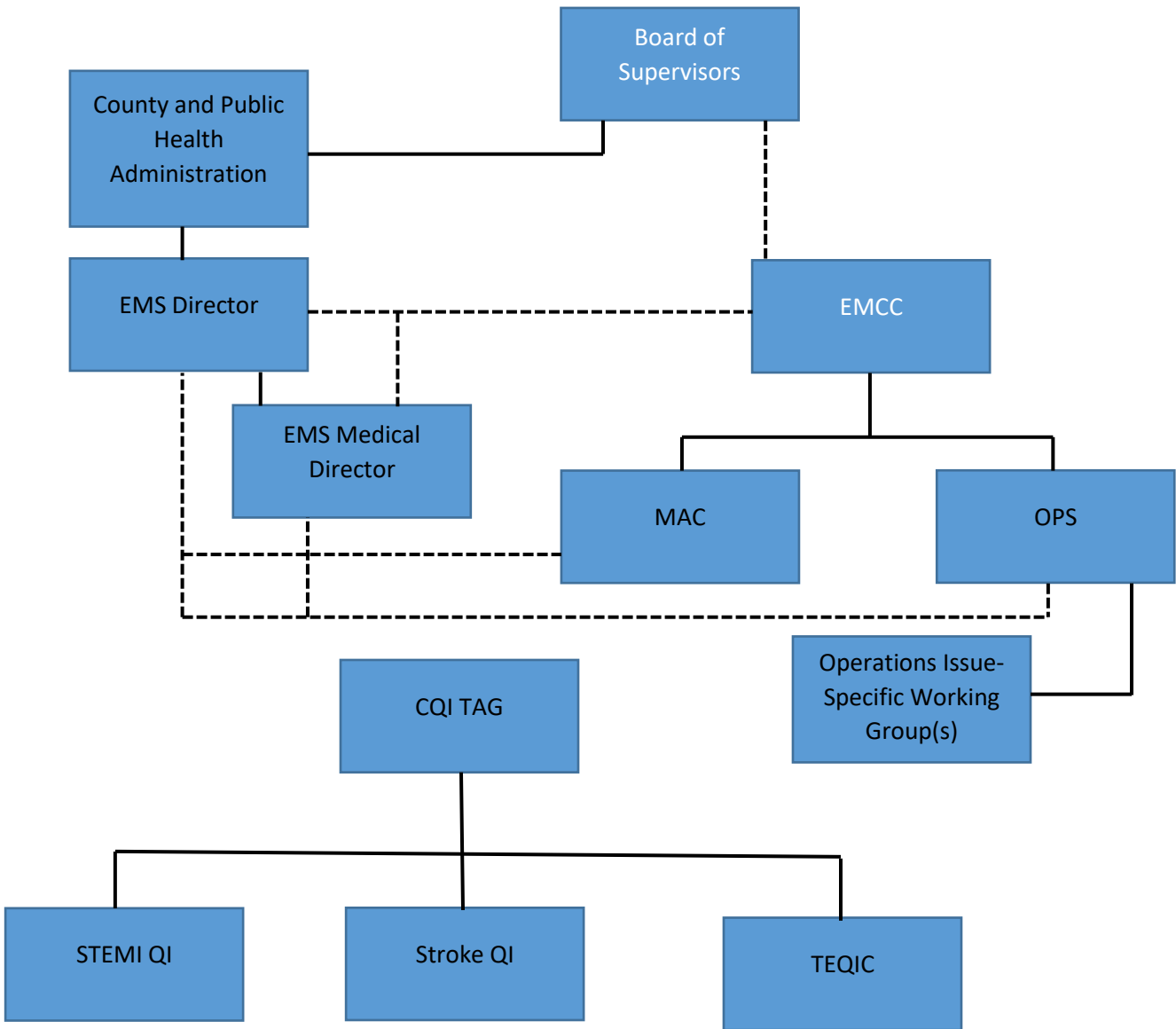
IX. AD HOC WORKING GROUPS

- A. Ad hoc working groups may be appointed by the Chair of the Emergency Medical Care Committee, the Chair of the Medical Advisory Subcommittee or Chair of the Operations subcommittee, with concurrence of the EMS Director. Working groups appointed by a Chair will be within the scope of that subcommittee.

X. COMMITTEE RELATIONSHIPS AND INTERACTIONS

- A. In this committee, subcommittee, and working group hierarchy, the Trauma Evaluation Quality Improvement Committee (TEQIC), ST-Elevation Myocardial Infarction Quality Improvement (STEMI QI) Committee and Stroke Quality Improvement (Stroke QI) Committee all report to the Continuous Quality Improvement Technical Advisory Group (CQI TAG) , which reports to the Medical Advisory Subcommittee (MAC), which provides recommendations to the EMCC, EMS Medical Director and EMS Director. Similarly, working groups created by the Operations Subcommittee reports to the Operations Subcommittee, which provides recommendations to the EMCC, EMS Medical Director and EMS Director.

- B. The structure among the EMCC, the Medical Advisory Subcommittee, Operations Subcommittee, and the Trauma, Stroke, and STEMI quality improvement subcommittees are illustrated on schematic on the following page:



XI. AUTHORITY

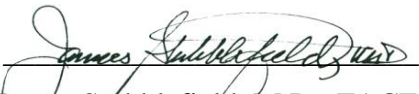
California Health and Safety Code, Section 1797 et seq. and 1798 et seq;

California Government Code, Section 54950 et seq.;

California Code of Regulations, Title 22, Division 9;

Monterey County Code of Ordinances, section 15.40.030

END OF POLICY


James Stubblefield, M.D., FACEP
EMS Medical Director


Michael Petrie, EMT-P, MBA, MA
EMS Bureau Chief